Transgender Health
Volume 9, Number 1, 2024
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DOI: 10.1089/trgh.2022.0024

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ORIGINAL ARTICLE

Required Mental Health Evaluation Before Initiating Gender-Affirming Hormones: Trans and Nonbinary Perspectives

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Abstract

Purpose: Gender-affirming hormones (hormones)—the use of sex hormones to induce desired secondary sex characteristics in transgender and nonbinary (TGNB) individuals—are vital health care for many TGNB people. Some hormone providers require a letter from a mental health provider before hormone initiation. We explore the perspectives of TGNB individuals regarding the impact of the letter requirement on their experience of care.

Methods: We conducted semistructured interviews with 21 TGNB individuals who have sought or are receiving hormones. We purposively sampled respondents who were ($n = 12$) and were not ($n = 8$) required to provide a letter. An Advisory Board of transgender individuals guided the methodology. Interviews were transcribed verbatim and coded both inductively and deductively.

Results: We identified three themes related to the letter requirement: (1) Mental health: While participants appreciated the importance of therapy, the letter requirement did not serve this purpose; (2) Trans identity: The process of obtaining a letter created doubt in participants' own transness, along with a resistance to the pathologization and conflation of mental illness with transness; and (3) Care relationships: The letter requirement negatively impacted the patient-provider relationship. Participants felt the need to self-censor or to perform a version of transness they thought the provider expected; this process decreased their trust in care professionals.

Conclusion: A letter requirement did not improve mental health and had several negative consequences. Removal of this requirement will improve access to hormones and may paradoxically improve mental health.

Keywords: access; gender-affirming hormones; letters; mental health; nonbinary; transgender

Introduction

Gender-affirming hormones (hormones) are an essential part of medical transition for many transgender and nonbinary (TGNB) people[1–4] and can play a crucial role in improving their mental health and well-being.[5–7] The Endocrine Society and the World Professional Association for Transgender Health (WPATH) guidelines[8] recommend evaluation by a mental health provider before hormone initiation. The proposed new version of the WPATH Standards of Care (SOC) discusses the mental health assessment before hormone initiation in detail, but does not specifically recommend a letter documenting a targeted mental health evaluation before hormone initiation.[9]

There is much debate about the "letter requirement."[10–17] While some prescribers require a letter before hormone initiation, an approach known as the "WPATH model," others do not require such a letter. This approach is referred to among both providers and patients as "informed consent"[18] and is defined

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by the lack of requirement for a letter[19] or for formalized mental health evaluation before hormone initiation. However, little evidence exists to guide prescribers' practice.[20] Specifically, there is a dearth of information on downstream effects of each approach, including access to care, engagement in care, and satisfaction with care. Thus, approaches are based on factors specific to the prescriber, such as their training and philosophy, rather than on data.[20]

To address this critical gap in knowledge, we aimed to assess TGNB people's perspectives on the role of mental health providers and the letter requirement. We sought to elucidate the perspectives of people who were and were not required to supply a letter before initiating hormones, to inform evidence-based and patient-centered guidelines.

Materials and Methods

Researcher reflexivity

Our interprofessional team consisted of clinicians, researchers, research staff, and community activists with collective expertise in qualitative research and the intersection of health care for TGNB people, sexual and reproductive health, mental health, and health care access. We are cisgender, queer, transgender, and nonbinary people of diverse genders and sexualities. One of us is intersex. Five of us are white, two are Black, and one is Taiwanese American. Many of us occupy a privileged social location as academics and health care professionals. Those of us who have accessed gender -affirming care (both with and without requirement for letters) feel strongly that these letters did not benefit us. Those of us who are providers of gender-affirming care have not experienced the letters as helpful to our practice or beneficial to our patients. As we interviewed, coded, and analyzed the data, we repeatedly attempted to "step back" from our preconceived notions, question our assumptions, and listen to the information coming from our participants.

Study design

We report our methodology and findings following The Consolidated Criteria for Reporting Qualitative Studies (COREQ) reporting guidelines.[21] This study was complementary to interviews with clinicians on similar topics of hormone initiation.[19] Eligible participants were transgender individuals in the United States over the age of 18 who received, or attempted to receive, hormones. Participants were recruited using the networks of an Advisory Board of transgender individuals and snowball sampling. We purposively sampled participants based on whether they were ($n = 12$) or were not ($n = 8$) required to provide a letter before hormone initiation (designated "letter" and "no letter," respectively). One participant was unsure.

We took care to recruit participants from diverse demographics, including race/ethnicity, urbanicity, age, gender, and educational background. Participants completed a demographic background survey. A trained research assistant [L.A.M.] and the Primary Investigator (PI) [D.S.] conducted semistructured interviews between March and June 2020 using remote communication of the participant's choice (Skype, Zoom, or phone). Participants provided verbal informed consent and received a $50 gift card for completion of the interview. Interviews lasted 30–60 min, were audio-recorded, and professionally transcribed with removal of identifiers. The transcripts were coded and analyzed using Dedoose software. The study was approved by the University of Michigan Institutional Review Board, and all research was completed in accordance with the Declaration of Helsinki as revised in 2013.

Theoretical framework and interviews

The PI developed an initial semistructured interview guide designed to explore barriers, facilitators, and benefits of care (based on the Health Belief Model,[22] which describes whether and why people take health-related actions). The interview guide was also informed by minority stress theory[23–25] (Supplementary Appendix SA1), which describes the negative impacts of chronic elevated stress from social and structural stigma on the health of minorities. We used key concepts from these theories to determine the preliminary areas of exploration for the interview. The interview guide was then iteratively refined in meetings with the Advisory Board, who also pilot-tested the guide before implementation. Interviews were conducted until we felt we had achieved enough richness to answer the research question.[26,27]

Data analysis

Data analysis followed the Braun and Clarke phases of thematic analysis: familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.[28] The PI and coders [G.I., M.M.] listened to the audio recordings and read the transcripts, while taking notes[29] and looking for repeated topics or codes. We jointly coded the initial four interviews

and developed a list of relevant codes and definitions both inductively and deductively. As we read through the four initial interviews together, we suggested codes based on interview guide domains or unrelated codes as new topics or content were encountered that were not consistent with or covered by the guide domains. For example, codes for Barriers on different levels were derived from the Barriers and Facilitators construct in the Theoretical Domains Framework, while the code Creative Solutions was derived from a statement by a participant, where the Barrier codes did not seem to sufficiently capture the meaning in the text:

> "I just think like transferring services seems to be easier from what I've been hearing from people just due to like having to get letters from therapists and stuff like that." *(#13, no letter)*

We resolved coding differences through discussion.[30] We repeated this process until we developed a consensus coding template, iteratively adjusting the list as we individually coded the remainder of interviews. Through sorting, connecting, and mapping codes, we advanced from descriptive codes to analytic codes and themes. Our goal was to "identify patterns within and across data in relation to participants" lived experiences, views and perspectives, and behavior and practices.[31]

We conducted comparative analysis of themes, comparing codes between respondents by whether or not they were required to provide a letter before hormone initiation (Table 1). The research team met weekly to map the codes and discuss potential themes. Using thematic analysis,[28] we combined the codes into higher level categories, which we gradually and over several discussions reduced to themes; and identified theoretical relationships between the themes.

Results

We interviewed 21 individuals: 12 who were required to provide a letter before hormone initiation, 8 who were not, and one who was unsure. Nine participants were transgender men, nine were transgender women, and three were nonbinary. Thirteen participants were white, five were Black, two were Asian, and one was Latinx (Table 2).

We developed three themes related to the letter requirement, axes around which participants grappled with the role of mental health providers and the letters: (1) Mental health: While participants appreciated the importance of mental health care, the letter requirement did not serve this purpose; (2) Trans identity: The process of obtaining a letter created doubt in participants' own transness, along with a resistance to the pathologization and conflation of mental illness with transness; and (3) Care relationships: The letter requirement negatively impacted the patient-provider relationship. The care relationship was eroded by the need participants felt to perform a version of transness they thought the provider expected or to self-censor.

We found evidence of all of these themes among both the letter and no letter groups, with participants sharing sentiments that the letter requirement did not promote quality mental health care, undermined their identify as trans individuals, and eroded their relationship with providers. Thus, the perceived effects of obtaining a letter were similar to the actual effects reported by those who underwent the process.

Theme 1: Mental health

A common theme was distinguishing between mental health care—which was overall desired—and the letter requirement, which did not fulfill this desire. While many identified mental health care as valuable, the letter requirement was seen as distinct from care, did not promote care, and had negative effects on participants' mental health.

Mental health providers and the care they offered played several roles independent of hormone approval and letters, including psychotherapy and general psychosocial support; identity formation and transition-related support in a safe space to explore gender: "Some intentional psycho-emotional preparation before actually starting the process." *(#5, no letter)*; and logistical support in navigating the process of obtaining hormones from within an existing therapeutic relationship.

The letter requirement itself, however, was seen as a burden that did not serve any of the above purposes or benefit mental health:

> "It felt very frustrating that I was expected to go through this process for this fucking letter. It wasn't just for the sake of me and my mental health." *(#8, letter)*

Furthermore, this requirement often delayed access to care:

> "I went through about five or six therapists before I found one that at least knew what transgender was." *(#15, letter)*

> "…it took a long time because like I said prior to 2016, for the most part, all we had was, you know, like I said, you have to get permission from a mental health provider, you have to do a series." *(#5, no letter)*

This participant's continued attempts to find a trans-competent provider were driven only by the fact that they were required to provide a letter.

Table 1. Participant Thoughts on Mental Health Care and the Letter Requirement, by Participant Experience

No.	Letter required	Feelings about mental health care	Negative implications of letter requirement
1	Yes	One session or two to make sure that you had the support systems that you need as opposed to feeling like I need you to justify your identity.	I think the difficult part is when it's attached to a diagnosis, it adds, like, it adds an additional thing to it. And I think it only amplifies the historical context of making queerness and transness a mental health disorder.
2	No	I think I even would've started the hormones sooner, except for that I was starting with a new therapist. And so I kind of wanted to like establish a relationship with them before I started taking the hormones.	By the time you get to the point where you're going around asking someone for estrogen, you've had to go through a bunch of really hard barriers, in yourself, in your life, with the people that you know, to even get to that point. And so, it makes me mad that there are any other barriers.
3	Unsure	It was good to see a therapist. I needed to work through some things and she was overall very affirming at a time when I kind of needed that reflected. Because like, in the dominant culture, what I was encountering was a lot of invalidation of my identity.	[if a prescriber had] said, I don't know, maybe you're crazy. Go to talk to a therapist first and bring me a letter. I think I would have had some pretty negative associations with it.
4	Yes	My therapy was a lot less about what was happening to my body and more about, just like, being early in transition and dealing with a lot of other mental health stuff that was more pressing.	The letter was kind of frustrating because it took time away from actual care that I wanted.
5	No	I actually did not have to start mental health visits until after I started hormones.…Estrogen, you know, it's a whole different ball game.	Part of the reason why I started hormones, like, 8 years into my transition was due to the fact that the process to obtain hormone therapy, at the time, was just so tedious and just so challenging.
6	Yes	I ended up really benefiting from my therapist … I definitely benefited in a lot of ways unrelated to getting my letter from her.	[the diagnosis of gender dysphoria] feels like it's pathologizing my existence.
7	No	I was looking for somebody who could just help me with a lot of general, you know, mental health, confidence, depression, figuring out a lot of things that weren't necessarily related to being trans.	It would have been annoying mostly…I've had my fair share of doing stupid things in order just to do stupid things that have no real point. So, it would've been irritating
8	Yes	I wanted to see a therapist anyway for my own personal process and growth and whatever.	Sometimes it felt very frustrating and annoying that I needed to. That I was expected to go through this process for this fucking letter. It wasn't just for the sake of, you know, me and my mental health.
9	No	That was definitely a big part of finding a therapist is, kind of, knowing they dealt with these issues and then like. Kind of, knowing that I wanted to [transition].	It felt like I kept bringing it [transition] up to show that I'm serious about it as opposed to like. This is really what I want to talk about today.
10	Yes	—	There was a part of my initial therapy appointment where the therapist was trying to look at my other mental health conditions and trying to see if… Like, am I trans, I guess, in spite of those things? Or are those things causing that feeling and… I just, I'm not a mental health expert, obviously. But I can't see, having known non-trans people with depression… None of them have ever been so depressed that they thought they were a different gender.
11	No	It was all pretty much referrals. It was a doctor. It was my gender therapist who referred me to a doctor.	I just felt like there were still some gatekeeping things going on … I feel like the medical industry should be more prepared for trans issues universally.
12	Yes	while I wasn't a fan of having to jump through those hoops, I guess in retrospect it was good, at least in my out of order way that I did it, that I was talking to somebody about the caregiving issues and then the trans issues.	In the community people feel like it's trying to keep people from going on hormones versus it being like the process of being ready for hormones.
13	No	I would hope most people would pursue [mental health] because I think it's good for you. But, you know, if it's not something that someone can do then it shouldn't be the thing that makes it impossible for you to transition.	So, I think that that just, kind of, creates a large hurdle for someone who might know that that's something they really want, you know. If they're sure of it, then they should just be able to access it.
14	Yes	I just mentioned something about hormone replacement therapy. And she said, well, let me see if I can look into it for you. And she did. And the very next session, she had names for me.	I think that's what it is, having to wait even longer to start hormone therapy. And that's. I think that's what I would have had a problem with, is that, oh, my gosh, I have to wait more. I've already waited so long. I have to wait even longer.
15	Yes	But yeah, I think that mental health is always important and seeing a mental health worker is always important … I'm always for mental health workers. I'm about to be a mental health worker, I'm studying psych and social work, so like, everyone should see a therapist at least once a week, every single person.	It definitely took a toll on my mental health when I'd go to a therapist and they'd use a slur just out of ignorance. It hurts still.
16	Yes	I was kind of working on myself and going through therapy for other stuff. During that process, I really started working on myself and allowing myself to explore my gender identity.	The whole thing about the letter is, it's a form of gatekeeping, and that doesn't make any sense. Gatekeeping is done out of fear. It's done out of lack of knowledge and we should be much further ahead than where we are right now.

(*continued*)

Table 1. (Continued)

No.	Letter required	Feelings about mental health care	Negative implications of letter requirement
17	Yes	—	That people are required to go see a therapist to start. it is kind of messed up.
18	No	I see a mental health provider for something separate than being trans. Or not separate, but for something aside from being trans, like some anxiety things and childhood things. But…I couldn't have imagined starting the hormone seeking process without having talked to my therapist.	[needing someone to] sign off on something? That seems really ingenuine and takes away a lot of autonomy … I don't know if I would have trusted my doctor or the process as much.
19	Yes	But I did seek therapy to mostly help me with the dysphoria, I also learned the term for dysphoria because I didn't know what that was. But she helped me navigate that path for myself.	—
20	No	Sometimes it's just best to be able to get your thoughts out and to hear from someone that's unbiased and also someone that's not ignorant to the subject.	—
21	Yes	—	You tell me that I gotta be diagnosed with, you know, some type of mental illness? And I'm like, wow, there's really so many barriers, so many systematic barriers out here… 'cause that is like outright violence and discrimination … healthcare is supposed to be accessible to everyone.

Participants recounted difficulties seeing a mental health provider due to availability, knowledge, and cost—all of which were barriers to obtaining the care they needed, whether therapy or hormones. The vast majority of those who established care to obtain a letter did not continue care thereafter and did not address issues beyond those necessary to obtain the letter.

Notably, there were two respondents who thought that the gatekeeping role of the mental health provider —deciding who should, and who shouldn't, receive hormones—was appropriate and necessary, or at least useful for them. One of these participants was required to provide a letter; the other was not. Respondent #9 (no letter) noted, "I probably wanted the letter because that would have validated my own feelings to myself." For these respondents, the process as well as its product—the letter—served to reassure them that both they and their prescribers were doing the right thing, thereby validating their need for hormones. One respondent went further, stating that he believed a letter should be required:

> "So I'm from the camp that I think that a person who decides to physically alter their body for their gender expression to have some type of mental health, at least the initial assessment… I would recommend, I don't know if I would say require, but I would recommend, probably require, mental health evaluation, mental health assessments to determine. Not necessarily a label or a diagnosis… to assess that person's mental fortitude." *(#19, letter)*

The underlying assumption of this statement is that transition required fortitude and that a mental health provider was able to assess for the presence of such fortitude. Here again, the goal did not seem to be care or improvement in the person's well-being, but rather prevention of harm that would come to someone transitioning without said fortitude. This was an outlying opinion. Notably, #19 was the oldest person we spoke to, at 54, and referred to his age and rural background as having influenced his perspective on transition. He also mentioned several people he knew who either struggled with mental health issues after transitioning or regretted their decision to transition, as background to his opinion about required letters.

See Figure 1 for additional respondent quotes relating to this theme.

Table 2. Respondent Characteristics (*N*=21)

Characteristic	*n* (%) or mean (range)
Age, years	31.7 (21–54)
Race	
White	13 (61.9)
Black	5 (23.8)
Asian	2 (9.5)
Latinx	1 (4.8)
Gender Identity	
Transgender woman	9 (42.9)
Transgender man	9 (42.9)
Nonbinary	3 (14.3)
Setting	
Rural	1 (4.8)
Suburban	12 (57.1)
Urban	8 (38.1)
Was required to supply a letter before initiating gender-affirming hormones	
Yes	12 (57.1)
No	8 (38.1)
Unsure	1 (4.8)
Veteran	
Yes	3 (14.3)
No	18 (85.7)

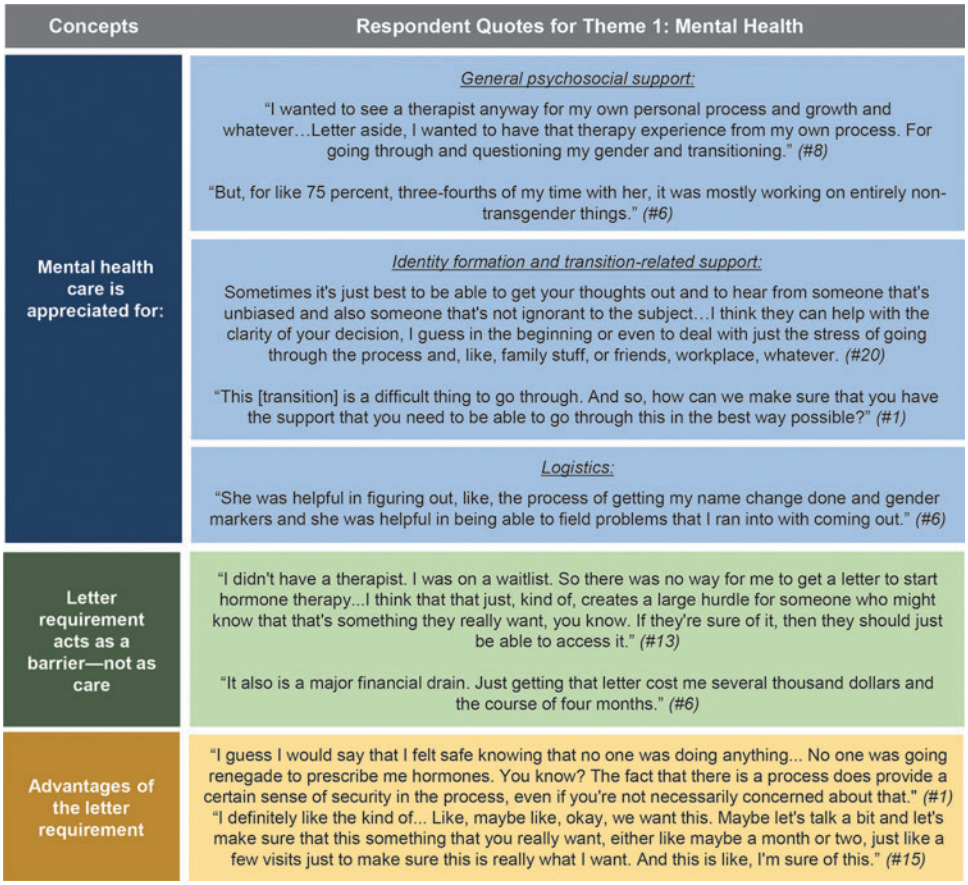
Concepts
Respondent Quotes for Theme 1: Mental Health
Mental health care is appreciated for:
General psychosocial support:
"I wanted to see a therapist anyway for my own personal process and growth and whatever…Letter aside, I wanted to have that therapy experience from my own process. For going through and questioning my gender and transitioning." (#8)
"But, for like 75 percent, three-fourths of my time with her, it was mostly working on entirely non-transgender things." (#6)
Identity formation and transition-related support:
Sometimes it's just best to be able to get your thoughts out and to hear from someone that's unbiased and also someone that's not ignorant to the subject…I think they can help with the clarity of your decision, I guess in the beginning or even to deal with just the stress of going through the process and, like, family stuff, or friends, workplace, whatever. (#20)
"This [transition] is a difficult thing to go through. And so, how can we make sure that you have the support that you need to be able to go through this in the best way possible?" (#1)
Logistics:
"She was helpful in figuring out, like, the process of getting my name change done and gender markers and she was helpful in being able to field problems that I ran into with coming out." (#6)
Letter requirement acts as a barrier—not as care
"I didn't have a therapist. I was on a waitlist. So there was no way for me to get a letter to start hormone therapy...I think that that just, kind of, creates a large hurdle for someone who might know that that's something they really want, you know. If they're sure of it, then they should just be able to access it." (#13)
"It also is a major financial drain. Just getting that letter cost me several thousand dollars and the course of four months." (#6)
Advantages of the letter requirement
"I guess I would say that I felt safe knowing that no one was doing anything... No one was going renegade to prescribe me hormones. You know? The fact that there is a process does provide a certain sense of security in the process, even if you're not necessarily concerned about that." (#1)
"I definitely like the kind of... Like, maybe like, okay, we want this. Maybe let's talk a bit and let's make sure that this something that you really want, either like maybe a month or two, just like a few visits just to make sure this is really what I want. And this is like, I'm sure of this." (#15)

FIG. 1. Respondent quotes for Theme 1: Mental health.

Theme 2: Trans identity

The process of obtaining a letter created doubt in participants' own transness, along with a resistance to the pathologization and conflation of mental illness with transness.

The letter requirement impacted the person's self-perception. For some respondents, the rigid and narrow expectations about "acceptable" narratives of transness brought up doubts about their identity:

> "[The narrative was]… You were a toddler and declaring your gender, which wasn't necessarily the experience that I had. And so, I also was struggling with thinking I wasn't necessarily valid in being transgender. It felt like I was invading sort of a space of people that were more trans than me. I knew exactly what [hormones were] going to do to me and how exactly to go about it, to get what I wanted. And yet I still had to go through this process of like, oh, yes, am I trans enough? And have someone make the determination of that." *(#6, letter)*

The perceived need to share a particular type of narrative translated into self-questioning, with participants wondering whether they were "trans enough." It created self-doubt and undermined respondents' own sense of identity and confidence in their need for hormones. The requirement to convince someone else that they needed hormones paradoxically led to doubts about whether or not they should start hormones. In addition, it was generally seen as offensive, as this participant stated:

> "I don't need them to question my validity as a trans person. I don't need them to provide a level of care based on their supposedly objective measurements." *(#7, no letter).*

Several respondents resisted the ways in which the letter required them to have a diagnosis of gender dysphoria:

> "One part of having to get the diagnosis of gender dysphoria disorder, which was required at the time in order for me to get treatment, is that that is now on my permanent record for all of time, which, is a bit frustrating… It feels like it's pathologizing my existence." *(#6, letter)*

For this person, the presence of a diagnosis reinforced the idea of transness as pathology, as a negative

thing, which they worried would also translate to discrimination by health care providers. They go on to state that "just seeing a happy trans person would have been absolutely wonderful for my psyche."

For some, the association of gender dysphoria with mental illness was itself negative:

> "I just didn't want to subject myself to being told that I was sick based on how I understood myself." *(#5, no letter)*

For this respondent, the diagnosis of gender dysphoria is understood as mental illness ("sick"), which itself is stigmatized. Other participants discussed the relationship between their own mental health and transness:

> "The therapist was looking at my other mental health conditions to see if I am trans, I guess, in spite of those things? Having known nontrans people with depression, none of them have ever been so depressed that they thought they were a different gender." *(#10, letter)*

In highlighting the absurdity of the notion that transness could be an effect of depression, the person clarifies the distinction between their gender identity and their mental health. Notably, this participant uses WPATH SOC terminology of "other mental health conditions," which implies that transness *is* a mental health condition.

See Figure 2 for additional respondent quotes relating to this theme.

Theme 3: Care relationships

Several participants addressed the negative long-term impact of the letter requirement on their relationship with their mental health provider and prescriber. This process happened through both positive (performance of transness) and negative (self-censorship) mechanisms.

Most respondents (15/21) were concerned that if their identities didn't fit a stereotypical narrative, they would be denied hormones by their prescriber:

> "It was pretty clear to me that anything that set me apart from how trans women are supposed to be, was going to be a potential roadblock to me getting the care I needed." *(#3, unsure)*

> "I was concerned that my case was not going to be, you know, like, accepted or something like that because it was not crystal clear or very black and white." *(#8, letter)*

These individuals were concerned that they needed to meet their providers' expectations regarding transness to be understood as trans and receive a letter supporting a prescription for hormones.

> "I started trying a little bit harder to fit that, sort of. narrative of what trans people are supposed to look like in the traditional medical model." (#3, unsure)

> "I was pretty dead set on answering any questions, how like, how I thought she wanted to hear… I know that I was definitely willing to lie right through it if it was gonna get me on hormones." *(#15, letter)*

These participants, like others, described learning the expected narrative and "performing transness" to their mental health providers to increase the likelihood of receiving an approval letter and a prescription. They both understand that there is an expectation of the therapist and are making conscious efforts to fit those expectations with the explicit goal of receiving a letter.

> "it felt like I was having to like play a game to get what I wanted of the hormones, which didn't really feel like it was in my best mental health interests."*(#9, no letter)*

In addition to affecting a positive reaction of performance, the interaction—or expected interaction—with mental health providers and the process of being judged also affected a negative reaction, of detraction: knowing that they needed to obtain the letter, participants censored and limited the information they shared with their therapist. Others expressed worry that bringing up any fears or doubts about transition would

Concepts	Respondent Quotes for Theme 2: Trans Identity
"Am I trans enough"	"I had a lot of feelings around like... am I taking this away from another person who maybe has a more, like, actually trans man experience of wanting to start testosterone. And so, it did make me feel like I needed to justify being non-binary and transmasculine and wanting to start hormones." *(#18)*
"Pathologizing my existence"	"The difficult part is when it's attached to a diagnosis. It amplifies the historical context of making queerness and transness a mental health disorder." *(#1)* "There was a part of my initial therapy appointment where the therapist was trying to look at my other mental health conditions and trying to see if… Like, am I trans, I guess, in spite of those things? Or are those things causing that feeling and… I just, I'm not a mental health expert, obviously. But I can't see, having known non-trans people with depression… None of them have ever been so depressed that they thought they were a different gender." *(#10)*

FIG. 2. Respondent quotes for Theme 2: Trans identity.

invalidate their perceived transness and prevent them from receiving the letter and starting hormones:

> "I felt like it was gonna be… improper to express any doubt about being trans." *(#2, no letter)*

Thus, the letter requirement had a suppressive effect, discouraging honest explorations of the person's identity, their choice to transition, or other health concerns:

> "I became more careful with what I shared with [healthcare providers]." *(#3, unsure)*

This suppressive effect negatively affected the interaction between the participant and their care providers, both prescribers and mental health providers, as described by this participant:

> "Even the small amount that my therapist had to be part of the process was enough to drive a permanent wedge in our relationship." *(#2, no letter)*

See Figure 3 for additional quotes relating to this theme.

All of the issues described in the themes had both direct and indirect negative effects on participants' mental health. Not only did the letter requirement not serve the need for mental health care, for many, the letter requirement directly interfered with access to hormones, delaying their ability to start hormones and gain improvement in their well-being. Others described a direct negative effect of the evaluation process on their mental health. Indirectly, the effects of the letter requirement described in the themes undermined participants' identity and confidence, pathologized them, and distorted their interaction with their providers (a 'positive' distortion—"performing transness," or a 'negative' distortion—mistrust and self-censorship). All of these effects, in turn, had negative consequences on participant mental health and well-being (Fig. 4).

Concepts	Respondent Quotes for Theme 3: Care Relationships
"Performing transness"	"before you went in, you were more concerned about those disqualifying things or telling the right story…I was afraid I was gonna say something wrong and invalidate myself somehow or that, you know like, whoever was going to look at the letter would be like, well, you're not trans enough." *(#12)* "How do I shape my identity and my story as a trans person to meet this expectation ... in order to get on HRT." *(#1)* "I had to go and perform a dance for someone in order to determine whether or not I was trans enough." *(#6)* "I was afraid to start hormones, I was afraid to start transitioning, and I wanted to openly and frankly discuss that with my therapist. But I also felt like, if I'm going to need my therapist to sign stuff for me, I can't really be fully honest about my doubts." *(#2)* "I was wondering, like, what sort of fudging, if you will, would need to happen for me to be able to access this as a non-binary person." *(#18)* "I didn't know how to answer [the doctors about my reasoning for transition]. It seemed like they wanted that specific type of answer." *(#21)*
Self-censorship	"[I was] filtering through of, okay, what do I share? What do I not share? I would say it's probably not until a year and a half ago, maybe two years ago that I actually integrated all of my information to my PCP." *(#1)* "I became more careful with what I shared with [healthcare providers]." *(#3)* "[the MHE requirement] emboldened like, the skepticism I had as a whole about medical providers and mental health practitioners and feeling like I had to go through additional hoops…The belief that, like, you have to be firmly in the binary. You have to fit this, like, a really palatable definition of, like, trans people .... which I don't feel.... That skepticism was something that I had to work through and overcome in order to, to get to a better place with my identity and with support and mental health and physical health space." *(#1)* I don't know if I would have trusted my doctor or the process as much [if I had needed a MHE]." *(#18)* "That provider who went behind my back to check with my therapist if I was really trans set a really negative tone for me for getting medical care." *(#3)*

FIG. 3. Respondent quotes for Theme 3: Care relationships.

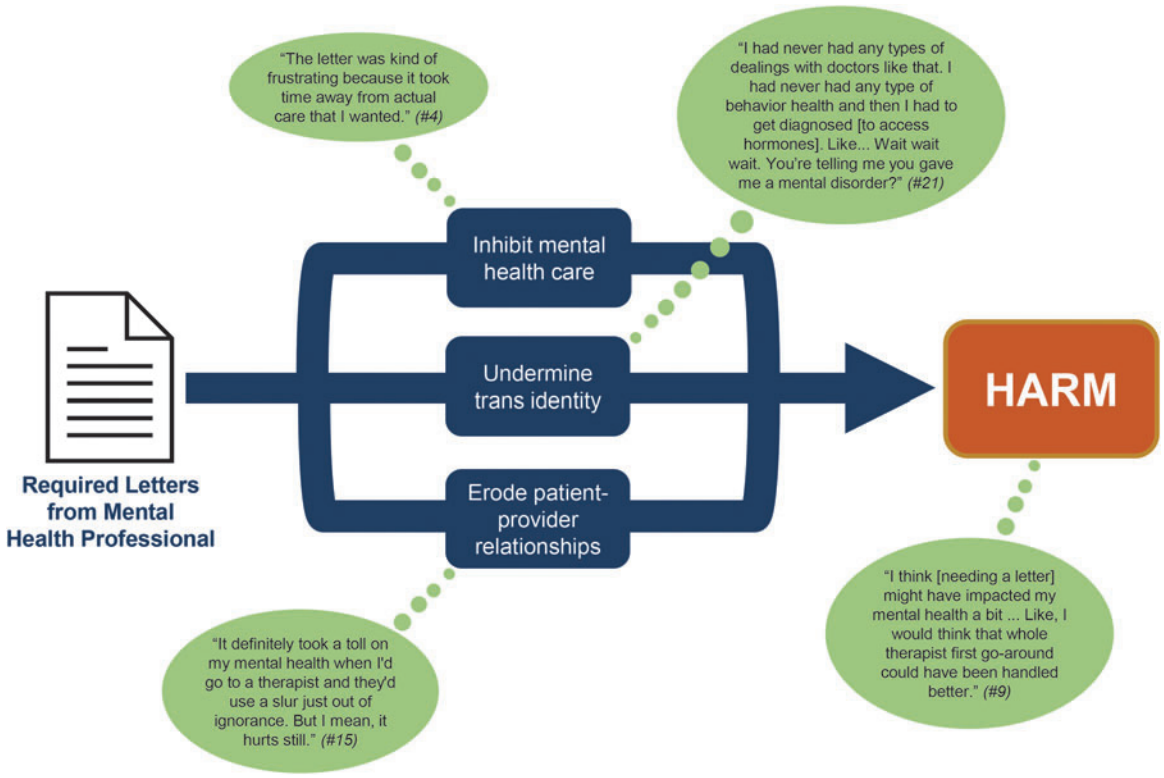
"The letter was kind of frustrating because it took time away from actual care that I wanted." (#4)
"I had never had any types of dealings with doctors like that. I had never had any type of behavior health and then I had to get diagnosed [to access hormones]. Like... Wait wait wait. You're telling me you gave me a mental disorder?" (#21)
Inhibit mental health care
Undermine trans identity
Erode patient-provider relationships
Required Letters from Mental Health Professional
HARM
"I think [needing a letter] might have impacted my mental health a bit ... Like, I would think that whole therapist first go-around could have been handled better." (#9)
"It definitely took a toll on my mental health when I'd go to a therapist and they'd use a slur just out of ignorance. But I mean, it hurts still." (#15)

FIG. 4. Mechanisms of harm caused by the letter requirement.

Discussion

Contrary to mental health care, which was seen as important and valuable, our respondents viewed the letter requirement as unhelpful, disruptive, and obstructive. Few either supported or were ambivalent about the requirement. Beyond the practical implications of the requirement—finding a therapist, costs, undergoing the evaluation—the letter evaluation itself affected TGNB people's sense of self and feelings of affirmation.

Our findings confirm that, as often stated by TGNB people in nonacademic fora, the required letter before hormone initiation is the "… product of a system built on creating, policing, and enforcing gender norms[32]… [this system is] unable to respond in a patient-centered way to the complexity of trans life. It's still built on a model of diagnosis that expects trans people to follow a particular pathway."[20,33] The letter requirement creates a self-perpetuating cycle, by which mental health providers and prescribers hear narratives that trans people assume they want to hear—and thus believe and uphold a cis-normative view of transness, in a "looping effect" between the subject (mental health provider) and object[34,35] (TGNB person) of the evaluation. Patients self-censor any doubts about transition, which prevents open discussion and genuine exploration. Thus, the required letter is counterproductive and may lead to harm as a result of patient alienation, performance, and hesitancy to fully disclose mental health concerns.

The people we spoke with—of a range of backgrounds and demographics—engaged with the medical literature and processes to "outsmart" their providers. Trans people often found their own identities intertwined with the medical expectations, causing some to doubt the validity of their experiences, others to censor themselves, and some—to avoid receiving care for other issues—prioritizing the receipt of a letter and hormones. The letter as a gatekeeping mechanism works to narrow the pool of "worthy" recipients, causing many to internalize its exclusionary dimensions. Experiences of gender are more nuanced, broad, and multidimensional than the predominant medically accepted narrative. This gap between experiences and expectations leads to distrust, self-doubt, and the internalization of what are in fact transphobic norms of gatekeeping.

Our findings corroborate findings reported by MacKinnon and colleagues that TGNB people downplayed or withheld mental health concerns from clinicians, or did additional work (e.g., unwanted psychiatric interventions) to convince mental health providers and prescribers that they were "mentally ready" to transition.[36] We further identified that respondents performed transness in stereotypical manner to conform to provider expectations (either assumed or conveyed), thus negating some of the potential or theoretical benefits of the letter requirement.

Our participants described in detail additional negative effects of the required letter. The process affected the TGNB person's interaction with their provider ("performing transness"), their perceptions of themselves ("am I trans enough"), and their relationship to health care ("pathologizing my existence"). The letter requirement was thought to be both futile in achieving the aim of promoting mental health and counterproductive in that it had direct and indirect negative effects on participant well-being.

Notably, these effects trickled beyond those who were required to provide a letter and influenced almost all our participants, including those who found a prescriber who did not require a letter. Thus, the existence of the requirement has broad outward and inward implications, with significant ripple effects.

This study has notable strengths. A gender-diverse team and a community board led the study. We used rigorous qualitative methods in study sampling, data collection and analysis, and model development.[37] The theoretical basis for this study increases the likelihood its findings can be clinically translated to effective interventions. In addition, while as a qualitative study it does not purport to be "generalizable" nor have a representative sample, we were able to recruit a diverse pool of participants.

The study had several limitations. The study sample consisted of younger participants. Our findings may not reflect the experiences of older TGNB people, who may have transitioned in an entirely different care/transphobia environment, or, if they transitioned more recently, are survivors of such an environment.

While we made efforts to oversample racial minorities, we were nevertheless limited in our ability to identify more robust themes at the intersections of transphobia and racism. We did not specifically ask questions about the role of racism in access to hormones. Future research that centers on the experiences of Black and other racial/ethnic minority participants is necessary. This work must include deliberate efforts to acknowledge the intersections of racism and transphobia in both health care and research.[38]

The interview guide was based on the Health Belief Model,[22] which has some conceptual limitations in this context. First, this model has been traditionally applied to sick-role contexts in which the goal is to prevent an undesired "illness." Yet transness is neither undesired nor an "illness." A second limitation is the model's overall focus on individual behavior, whereas systemic transphobia is likely to be at play in TGNB hormone initiation process. We hope we have addressed that by adding concepts from minority stress theory.[23–25]

Our study reveals the pathways by which the letter requirement is harmful and highlights the importance of revising the WPATH SOC to remove the recommendation for a letter before hormone initiation. This may well also have implications for gender affirming surgery. Presurgical evaluation has significant impact on access to care, especially given insurance companies' reliance on letters for eligibility. Beyond this, our findings serve as a call for clinicians to reevaluate their conceptions of gender and transness and to communicate openness to the full matrix of gender identities and presentations.[39]

Conclusion

The required letter model is an ineffectual and counterproductive model, which negatively impacts TGNB people. The process reinforces transphobic assumptions, leading trans people to modify their interaction with and alienating them from their providers, causing direct negative impacts on their mental and physical health.

Beyond removing the requirement, prescribers and mental health providers must explicitly convey openness to a diversity of trans experiences to enable open communication. Guidelines should explicitly acknowledge and mitigate structural barriers preventing TGNB individuals from accessing medical and mental health care.

Data Availability

Due to the nature of the qualitative data and its sensitivity, it is not possible to sufficiently deidentify the data to make it anonymous nor have we obtained permission from participants when they granted their informed consent to share the interviews in their entirety. We are thus unable to share it publicly. We have shared extensive excerpts within the article itself.

Authors' Contributions

D.S.: conceptualization, methodology, investigation, analysis, writing—original draft, writing—review and editing, funding acquisition. M.M.: investigation, data curation, analysis, writing—original draft, writing—review and editing. L.A.M.: methodology, investigation, analysis, writing—review and editing, project administration. G.I.: data curation, analysis, writing—original draft, writing—review and editing. R.N.: conceptualization, analysis, writing—original draft, writing—review and editing. J.Y.B.: methodology, investigation, writing—review and editing. E.E.P.: methodology, investigation, writing—review and editing. R.T.: methodology, investigation, writing—review and editing. J.P.W.: methodology, writing—review and editing, supervision.

Author Disclosure Statement

No competing financial interests exist.

Funding Information

This work was supported by Blue Cross Blue Shield of Michigan and by the Institute for Research on Women and Gender at the University of Michigan. Daphna Stroumsa is funded by the National Institute on Minority Health and Health Disparities grant #K23 MD016950.

Supplementary Material

Supplementary Appendix SA1

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Cite this article as: Stroumsa D, Maksutova M, Minadeo LA, Indig G, Neis R, Ballard JY, Popoff EE, Trammell R, Wu JP (2024) Required mental health evaluation before initiating gender-affirming hormones: trans and nonbinary perspectives, *Transgender Health* 9:1, 34–45, DOI: 10.1089/trgh.2022.0024.

Abbreviations Used

PI = Primary Investigator
SOC = standards of care
TGNB = transgender and nonbinary
WPATH = World Professional Association for Transgender Health